

County: Outagamie  
 FRANCISCAN CARE/REHABILITATION CENTER  
 2915 NORTH MEADE STREET

Facility ID: 1120

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APPLETON 54911 Phone: (920) 831-8700  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? Yes  
 Number of Beds Set Up and Staffed (12/31/01): 194  
 Total Licensed Bed Capacity (12/31/01): 200  
 Number of Residents on 12/31/01: 184

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 182

Nonprofit Church/Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 182

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.1
Supp. Home Care-Personal Care	No					1 - 4 Years		40.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	4.9	More Than 4 Years		20.1
Day Services	No	Mental Illness (Org./Psy)	20.1	65 - 74	8.2			-----
Respite Care	Yes	Mental Illness (Other)	2.2	75 - 84	31.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	13.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	19.0	65 & Over	95.1	-----		
Transportation	No	Cerebrovascular	14.1		-----	RNs		14.2
Referral Service	No	Diabetes	3.8	Sex	%	LPNs		4.2
Other Services	No	Respiratory	12.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.2	Male	25.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	1	0.8	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5
Skilled Care	16	100.0	325	115	90.6	102	0	0.0	0	40	100.0	143	0	0.0	0	1	100.0	396	172	93.5
Intermediate	---	---	---	9	7.1	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	4.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	2	1.6	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		127	100.0		0	0.0		40	100.0		0	0.0		1	100.0		184	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	13.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	4.8	Bathing	13.6	58.2	28.3	184
Other Nursing Homes	2.4	Dressing	15.2	53.8	31.0	184
Acute Care Hospitals	78.2	Transferring	29.9	50.0	20.1	184
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	26.6	54.3	19.0	184
Rehabilitation Hospitals	0.0	Eating	64.7	19.0	16.3	184
Other Locations	1.5	*****				
Total Number of Admissions	335	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.8	Receiving Respiratory Care		5.4
Private Home/No Home Health	37.2	Occ/Freq. Incontinent of Bladder	57.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.2	Occ/Freq. Incontinent of Bowel	50.0	Receiving Suctioning		0.5
Other Nursing Homes	4.0			Receiving Ostomy Care		1.1
Acute Care Hospitals	10.8	Mobility		Receiving Tube Feeding		2.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	21.7	Receiving Mechanically Altered Diets		33.2
Rehabilitation Hospitals	0.0					
Other Locations	6.5	Skin Care		Other Resident Characteristics		
Deaths	27.4	With Pressure Sores	7.1	Have Advance Directives		72.3
Total Number of Discharges		With Rashes	2.2	Medications		
(Including Deaths)	325			Receiving Psychoactive Drugs		26.6

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.0	88.1	1.03	84.6	1.08
Current Residents from In-County	83.7	83.9	1.00	77.0	1.09
Admissions from In-County, Still Residing	17.6	14.8	1.19	20.8	0.85
Admissions/Average Daily Census	184.1	202.6	0.91	128.9	1.43
Discharges/Average Daily Census	178.6	203.2	0.88	130.0	1.37
Discharges To Private Residence/Average Daily Census	91.8	106.2	0.86	52.8	1.74
Residents Receiving Skilled Care	94.0	92.9	1.01	85.3	1.10
Residents Aged 65 and Older	95.1	91.2	1.04	87.5	1.09
Title 19 (Medicaid) Funded Residents	69.0	66.3	1.04	68.7	1.00
Private Pay Funded Residents	21.7	22.9	0.95	22.0	0.99
Developmentally Disabled Residents	1.6	1.6	1.04	7.6	0.21
Mentally Ill Residents	22.3	31.3	0.71	33.8	0.66
General Medical Service Residents	8.2	20.4	0.40	19.4	0.42
Impaired ADL (Mean)*	46.6	49.9	0.93	49.3	0.95
Psychological Problems	26.6	53.6	0.50	51.9	0.51
Nursing Care Required (Mean)*	6.5	7.9	0.81	7.3	0.88